



THE AGA KHAN UNIVERSITY

eCommons@AKU

School of Nursing & Midwifery, East Africa

Faculty of Health Sciences, East Africa

January 2012

Awareness and practice of health promotion for women in Calabar, Cross River State, Nigeria

P. E. Samson-Akpan
University of Calabar, Nigeria

I. Akpabio
University of Calabar, Nigeria

Ekaete Asuquo
Aga Khan University, ekaete.asuquo@aku.edu

O. B. Edet
University of Calabar, Nigeria

Follow this and additional works at: https://ecommons.aku.edu/eastafrica_fhs_sonam



Part of the [Nursing Commons](#)

Recommended Citation

Samson-Akpan, P. E., Akpabio, I., Asuquo, E., Edet, O. B. (2012). Awareness and practice of health promotion for women in Calabar, Cross River State, Nigeria. *Continental Journal of Nursing Science*, 4(1), 1-7.

Available at: https://ecommons.aku.edu/eastafrica_fhs_sonam/228

AWARENESS AND PRACTICE OF HEALTH PROMOTION FOR WOMEN IN CALABAR,
CROSS RIVER STATE, NIGERIA.

Samson-Akpan, P.E., Akpabio, I, Asuquo, E.F. and Edet, O. B.
Department of Nursing Science, University of Calabar, Calabar, Nigeria

ABSTRACT

Aim: A descriptive survey was undertaken to ascertain nurses' awareness and level of practice of health promotion among women in Calabar.

Background: Women's health is affected by array of factors; nurses could have a major impact in increasing women's capacity to exercise increased control over their lives and determinants of health.

Method: One hundred and thirty six nurses drawn from the ante-natal clinics of primary, secondary and tertiary health facilities in Calabar participated in the study. A questionnaire with a content validity index of 0.91 was used for data collection. The test-retest reliability coefficient of the questionnaire was (r) 0.79. Ethical issues were addressed. Data were analyzed with statistical package for social sciences (SPSS) version 15.

Findings: Majority 110 (80.9%) of the participants were highly experienced, 96 (70.6%) were managers while only 52 (38.2%) had 1st degree and above. Health education was the most mentioned strategy of health promotion by participants 136 (100.0%) while specific protection was the least mentioned 3(2.2%). Only about half of the respondents 68 (50.0%) practiced health promotion appropriately. Nurses' rank and years of working experience were significantly associated with appropriate practice.

Conclusion: Nurses averagely practice health promotion. It was therefore recommended that Nurse Managers should provide learning opportunities to fill observe gaps in knowledge and motivate junior nurses to engage in women's health promotion at every opportunity.

KEYWORDS: Nurses awareness, Practice, Health promotion strategies, Women's health, experience, education, nurses' rank.

INTRODUCTION

Literature review and observation have revealed that the Nigerian health system has been performing poorly in recent years. The dismal performance of the health system is also illustrated by the report of the Nigerian Demographic and Health Survey (DHS) of 2003. According to it, communicable diseases accounted for 72% of deaths while non communicable diseases accounted for 21% of deaths (National Population Commission (NNPC) & ORC Macro, 2004). Furthermore, Nigeria National Population Commission, DHS, (2008) revealed that maternal mortality ratio was 545/100,000 live birth, 20% of Nigerian women were teenage mothers; 50% of women participate in decision about health, 37% were circumcised, 43% of women and 30% of men agreed that a husband was justified in beating the wife for certain reasons. FMOH (2006) also noted that utilization of primary health care facilities was 5-10% due to consumers' loss of confidence in them. Additionally no concession has been given to women in the current National Health Insurance Policy. Although there was a slight improvement of health indicators in Nigerian Demographic and Health Survey (DHS) of 2008, but the picture is still gloomy (Nigeria National Population Commission, DHS, 2008) This gloomy state of health may be attributed to minimal practice of health promotion in Nigeria which is still hospital-based and curative-oriented. The health practitioners' practice of health promotion in different settings of health promotion is far from being realized.

The Nigerian National Health Promotion Policy was launched in 2006, (Federal Ministry of Health, 2006), however, the implementation of the policy is suffering some teething problems which among others include lack of adequate health personnel with proper orientation towards health promotion. The weight of this problem has necessitated the WHO to establish a Department of Health Promotion and Education in University of Ibadan, Nigeria to re-orientate health workers towards health promotion (WHO, 2011). Health Promotion is the

responsibility of all health practitioners as affirmed by the Nigerian National Health Promotion Policy (Federal Ministry of Health, 2006). Health promotion is critical to improving outcomes in the prevention and control of communicable diseases and meeting the health-related Millennium Development Goals, particularly among poor and marginalized groups which include women (WHO, 2011). The use of health promotion approach in health care empowers health consumers to take social, political and economic actions to ensure good health. Since women constitute one of the vulnerable groups in the society, health promotion would reduce vulnerability to health problems.

Literature on the practice of health promotion in Nigeria is sparse especially for women, although there is a large literature on women reproductive health focusing on maternal morbidity and mortality, utilization of ante natal and maternity care services, family planning, and immunization (NNPC,DHS, 2003; FMOH, 2004; FMOH 2006; NNPC,DHS, 2008; Akpan, 2001; Okonofua, 2002).

Health promotion is the process of enabling people increase control over their health and its determinants, and thereby improves their health (WHO, 2005). Health promotion is not directed against any particular disease, but it is intended to strengthen the host through a variety of approaches (interventions). According to Park (2007), the well known interventions which health professionals including nurses should use are health education, environmental modification, nutritional interventions as well as life style and behavioural changes. Health education is one of the most cost effective interventions. A large number of diseases could be prevented with little or no medical interventions if people were adequately educated about them and if they were encouraged to take necessary precautions in time.

Secondly, a comprehensive approach to health promotion requires environmental modifications, such as provision of safe water; installation of sanitary latrines; control of insects and rodents; improvement of housing and other social amenities (Park, 2007). The bases of environmental modification are governmental policies. Therefore, health practitioners must act as advocates, consultants, teachers, or coordinators of services. Thirdly, nutritional intervention as a health promotion activity for women includes food distribution and nutritional improvement of vulnerable groups; child feeding, food fortification and nutritional education. With regards to life style and behavioural changes, some personal characteristics and experiences influence health behaviour (Pender 1996; Berman *et al*, 2008).

Indications are that there are some relationships between education, years of working experience, age, gender and preparedness to practice or job performance. Al-Assaf, *et al.* (1992) studied management preparedness of nursing administrators in Oklahoma and Connecticut and discovered that education had no direct effect on job performance and preparedness of nursing administrators. Rather years of working experience had direct effect on job performance and preparedness of nursing administrators. In affirmation of the influence of work experience on nurses' job performance, a related study by Mrayyan and Al-Faouri (2008) on career commitment and job performance of Jordanian nurses, the results revealed that years of experience in nursing were the best predictor of nurses' job performance. Furthermore, a study on factors affecting job performance of hospital nurses in Riyadh, Saudi Arabia; the results also revealed that job performance was positively related to some personal factors including years of experience, nationality, gender, and marital status. Level of education was negatively related to performance (Al-Ahmadi, 2009).

According to International Council of Nurses (ICN), women generally make up 70% of those living today in absolute poverty, two-thirds of today's adult illiterates over age 15 are women; 43% of women suffer from iron deficiency; 35% of women in developing countries receive no ante-natal care and almost 50% give birth without a skilled attendant; 70% receive no postpartum care (ICN, 2000). Nigeria has one of the highest maternal mortality ratio estimated at 1,100/100,000 live births (WHO, 2007). Women's health situation in Calabar, the setting of the study is not different as in other parts of the developing world.

Observation reveals that female circumcision, obesity, cancer of the breasts and cervix are preventable health situations but nurses' practice of health promotion for women has remained a neglected aspect of care because of lack of re-orientation towards health promotion. Relatedly, Awafung (2001) discovered that 57.9% of the nurses in Akwa Ibom State (a neighboring state), Nigeria, were knowledgeable on health promotion activities for women, and the knowledge possessed favoured skills that are often utilized in general curative services.

Since we did not also find any published study undertaken to assess nurses' practice of health promotion among women in Calabar, it was necessary to carry out this study.

Aims

The purpose of the study was to assess nurses' level of awareness and practice of health promotion among women. Specifically, nurses' level of awareness of current modes of health promotion intervention and the level of health promotion practice among women by nurses were ascertained. Three null hypotheses were developed as stated below to guide the study:

- (1) There is no significant relationship between years of working experience and nurses' practice of health promotion in Calabar.
- (2) Educational status is not significantly associated with nurses' practice of health promotion among women in Calabar.
- (3) Nurses' rank is not significantly related to the level of practice of health promotion among women in Calabar.

DESIGN/METHODOLOGY

The study was a descriptive survey which took place in two out of three public hospitals and all primary health care centers in Calabar; Cross River State, Nigeria. The study population consisted of all registered nurses working in public hospitals owned by federal and state governments in Calabar and all primary health care centres. A census study of 136 nurse currently employed in the institutions mentioned above participated in the study.

A self developed and well validated questionnaire was used in the collection of data. The questionnaire had two sections: Section A covered socio-demographic characteristics of the participants while Section B covered awareness and the level practice of health promotion by nurses. The test-retest reliability coefficient (r) of the instrument was 0.79 which was considered appropriate for the study. Copies of the questionnaire were administered face to face to participants with the aid of trained research assistants. Completed copies of the questionnaire were retrieved from participants on the spot. Data collection lasted for a period of one week in September, 2008. Total copies of 136 questionnaires were distributed and retrieved from participants giving a 100.0% response rate.

Permission was obtained to do the study from administrators of two hospitals involved in the study and primary health care coordinators of the health centres. Verbal consent was also obtained from the nurses who participated in the study. The purpose of the study was explained to all participants and anonymity was maintained by not identifying participants by name instead the questionnaires were numbered to distinguish one participant from the other. The participants willingly filled and returned their respective copies of the questionnaire without any form of coercion.

Descriptive and inferential statistics were used to analyze the data with the aid of the Statistical Package for Social Sciences (SPSS) version 15. Data analysis was carried out and the findings presented. Pearson Chi-square analysis was used to verify association between variables at the 0.05 level of significance.

RESULTS

The socio-demographic characteristics of the participants results showed that most of the respondents in this study were females 132 (97.1%). Majority of the respondents were aged 31-50 year, 117 (86%). Majority of the respondents were married 112 (75%) Regarding education and professional certificates all the respondents were Registered Nurses with Diploma in Nursing and additional first degree 48 (33%). Majority of respondents years of working experience ranged between 11-30 years 108 (75.9%). The current position or rank of the respondents showed that most of the respondents were Chief Nursing Officers 68 (50%).

Objective 1: Determine Nurses' level of awareness of current modes of health promotion intervention. The results in Table 1 revealed that all the respondents were aware that health education was a health promotion strategy, but more than 94% of the respondents did not know that early diagnosis and treatment including specific protection against diseases were not health promotion strategies. Most of the respondents were aware that environmental modification 100 (73.5%), nutritional intervention 133 (97.8%) and life and style/behavioural modification 106 (77.9%) were health promotion strategies.

TABLE 1: Nurses' awareness of the current strategies /interventions of health promotion with respect to women

S/N	Strategies/interventions	Aware		Unaware		Total	
		NO	%	NO	%	NO	%
1	Health education	136	100	0	0	136	100
2	Early diagnosis and treatment	7	5.1	129	94.9	136	100
3	Environmental modification	100	73.5	36	26.5	136	100
4	Specific protection against disease	3	2.2	133	97.8	136	100
5	Nutritional intervention	133	97.8	3	3.7	136	100
6	Life and style/ behavioural modification	106	77.9	30	23.0	136	100

Objective 2: Determine nurses' level of health promotion practice among women.

TABLE 2: Nurses' practice of women's health promotion in Calabar, Cross River State.

S/ N	Health promotion strategies	Very often		Often		Fairly often		Not at all		Total	
		NO	%	NO	%	NO	%	NO	%	NO	%
1	Provide nutritional education for women	50	36.8	61	44.9	25	18.4	0	0	136	100
2	Advocate for improvement in women's nutrition	29	21.3	72	52.9	29	21.3	0	0	136	100
3	Demonstrate different exercise to women based on age and physiological state	12	8.8	44	32.4	68	50	12	8.8	136	100
4	Educate women on stress prevention	49	36	47	34.6	30	22.1	10	7.4	136	100
5	Educate women on post menopausal syndrome management	32	23.5	51	37.5	40	29.4	13	9.6	136	100
6	Advocate for elimination of genital mutilation	81	59.6	23	6.9	26	19.1	5	4.4	136	100

The results in Table 2 showed that 50 (36.8%) of the participants provided nutritional education for women very often while 61 (44%) did it often. Many of the participants 72 (52%) educated women on post menopausal syndrome management often while some of the participants 81 (59.6%) advocated for elimination of genital mutilation. In order to determine level of practice, total practice score was calculated for each participant; the total obtainable score was 18; participants who scored between 1 and 12 were grouped as having inappropriate practice while those who scored between 13 and 18 were grouped as having appropriate practice. Only half 68 (50.0%) of the participants demonstrated appropriate practice while another half did not.

Hypothesis 1: There is no statistically significant relationship between years of working experience and nurses' practice of health promotion in Calabar

In order to test this hypothesis, Pearson Chi-square analysis was conducted. The dependent variable was health promotion practice by nurses. The results showed that only 68 (50.0%) of the nurses practiced health promotion appropriately while the remaining nurses 68 (50.0%) inappropriately practiced health promotion among women. However, Nurses with high experience significantly practiced health promotion than those with low experience, $X^2 (1) = 12.173$, $p = .001$. Experienced nurses were likely to practice health promotion five times more than others with low experience (OR: 5.63).

Hypothesis 2: Educational status is not statistically significantly associated with nurses' practice of health promotion among women in Calabar

Pearson Chi-square analysis was carried out to test this hypothesis. The dependent variable was health promotion practice by nurses. The results showed that educational status did not significantly affect nurses practice of health promotion among women $X^2 (1) = 1.993$, $p = .17$. Nurses with diploma and those with 1st degree and above practiced health promotion at same frequency.

Hypothesis 3: Nurses' rank is not statistically significantly related to the level of practice of health promotion among women in Calabar

Pearson Chi-square analysis was used to test this null hypothesis. The results of the analysis showed that the nurse managers significantly practiced health promotion than non-managers. $X^2 (1) = 6.942$, $p = .014$. Managers were more likely to practice health promotion two times more than non-managers (OR: 2.79).

DISCUSSION

The results revealed that all the respondents were aware of health education as a strategy for the promotion of health. The result is in consonant with Smeltzer and Bare (2004) notion that health education is the primary function of the nurse. FMOH (2006) and Park (2007) assert that health education is one of the cost effective measures to prevent diseases in individuals and communities.

It was found that majority of the respondents were not aware that early diagnosis and treatment including specific protections against disease were not health promotion strategies. These results may be as a result of the nurses' notion of health promotion and their preconceived idea of settings for nursing practice (acute care settings) rather than health promotion settings. The settings for health promotion include all places where people live, play, and work among others. Specific protection and early diagnosis and treatment are medical intervention modes.

Majority of the nurses were aware of environmental modification, nutritional intervention and life style modification as strategies for health promotion. This result supports Park's (2007) assertion on the effectiveness of these strategies. With regards to nurses' practice of health promotion, majority of the nurses provide nutritional education for women often and very often and also advocates improvement in women's nutrition. These actions are supported by ICN (2000), FMOH (2006) and Park (2007). The result also revealed that the proportion of nurses who demonstrate different exercise to women based on age and physiological state, (50% often and very often) is low. This poor demonstration of physical exercise may be attributed to the busy schedule of nurses and the dearth of nurses in health care settings. It may also reflect the general dislike for exercise by nurses who are supposed to be physically fit for their job and also act as models. Majority of the nurses educate women on stress prevention, post menopausal syndrome and elimination of genital mutilation.

These actions are supported by ICN (2000), Park (2007) and FMOH (2006) as steps in the right direction to promote women's health.

With regards to the influence of years of working experience on nurses' practice of health promotion, findings from this study showed that nurses with high experience significantly practiced health promotion for women than those with low experience. The result of this study is supported by Al-Assaf *et al.* (1992), that years of experience had direct effects on job performance and preparedness of nursing administrators in Oklahoma and Connecticut. This result is also affirmed by Al-Ahmadi (2009). The study also highlighted the fact that experienced nurses were more likely to practice health promotion for women five times more than others with low experience. This is not surprising because experienced nurses must have been in contact with women's problems and since most of them are women they might have used their professional experience and personal experience to help them. The study also addressed the influence of educational status on nurses' practice of health promotion for women.

Results of the study revealed that educational status did not significantly affect nurses' practice of health promotion for women. The revelation in our study is supported by Al-Ahmadi (2009) and Al-Assaf *et al.* (1992) that education was negatively related to performance or practice of nursing. Actually, education without experience on the job only gives one the theoretical basis to practice. It is only in practice that one is exposed to arrays of problems that confront women and the skill to deal with such problems is developed.

Additionally, it was found that nurse managers significantly practiced health promotion for women than non managers. Our result may be related to the fact that nurse managers are more experienced than non managers. Indeed more years of working experience may translate to progression to the managerial position which may imply improved job performance of which health promotion may not be an exception. In Calabar, the setting of the study, nurse managers are directly involved in the patients' care therefore their experience always guide their actions.

CONCLUSION

In conclusion, about half of the nurses studied practiced health promotion appropriately among women and experience was significantly associated with the practice of health promotion for women. It was therefore recommended that Nurse Managers should provide learning opportunities to fill observed gaps in knowledge and motivate junior nurses to engage in women's health promotion at every opportunity. This study will add to the sparse literature on the practice of health promotion especially for women. Government and other stakeholders need to create awareness among health practitioners including nurses on health promotion to increase the practice of health promotion.

This study is limited to public hospitals and primary health centres in Calabar, Cross River State. It cannot be generalized to the whole state or private hospitals in Calabar. A complementary approach like focus group discussion and observation were not used to corroborate information collected. Therefore, future studies may utilize these approaches to authenticate information.

REFERNECES

Akpan, J. C. (2011). Pregnancy-related morbidity and mortality in University of Uyo Teaching Hospital (UUTH) Uyo, Akwa Ibom State. *International Professional Nursing Journal*, 9(1), 79-83.

Al-Assaf, A. F., Taylor, T. L., & Langston, R. (1992). Management preparedness criteria: a study of nursing home administrators. *Health Care Superv.* 10 (3), 12-27.

Al-Ahmadi, H. (2009). Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia. *International Journal of Health Care Quality Assurance*, 22(I), 40-54.

Awafung, I. O. (2001). Nurses' knowledge and perception of women health promotion. *West African Journal of Nursing*, 12(2), 79-83.

Berman, A., Snyder, S. J., Kozier, B., & Erb, G. (2008). *Fundamentals of nursing concepts, Process, and Practice*, (7th ed.). Jersey: Prentice Hall: Pearson Education Inc, New.

Federal Ministry of Health Nigeria. (2006). *National Health Promotion Policy*. Abuja: Federal Ministry of Health.

International Council of Nurses (2002). Mobilizing nurses for health promotion. Accessed 2nd June, 2008 <http://www.highbeam.com/doc/IP3-100189100.htm>.

Mrayyan, M. T & Al-Faouri, I. (2008). Career commitment and job performance of Jordanian nurses. *Nursing Forum*, 43(1), 24-37.

National Population Commission (Nigeria) & ORC Macro. (2004). Nigeria 2003 demographic and health survey; key findings. Accessed 10th September, 2011, <http://www.measuredhs.com/pubs/pdf/SR101/SR101NGO3pdf>.

Nigeria National Population Commission. (2008). Nigeria demographic health survey. Accessed 18th August 2011, <http://www.phfn.org/resources/data/2008nigeriademographic>.

Okonofua, F. E. (2002). Illegal induced abortion: A study of 74 cases in Ile-Ife, Nigeria. *Tropical Doctor*, 22 (2), 75-78.

Park, E (2007). *Concepts of health and disease. Parks Textbook of Preventive and social medicine*. Jabalpur–India: M/SBANARSIDAS BHANOT Publishers,

Pender, N. J. (1996). *Health promotion in nursing practice*. Connecticut: Appleton and Lange.

Smeltzer, S. C. & Bare, B. (2004). *Brunner & Suddarth's text book of medical-surgical nursing*. Philadelphia: Lippincott Williams and Wilkins.

WHO. (2007). Maternal Mortality in 2005: Estimates Developed by WHO, UNICEF, UNFPA and the World Bank. Accessed 15th September 2011, <http://www.who.int/whosis/mme-2005.pdf>.

WHO. (2005). Summary overview and background to health promotion: Globalization, health challenges and the Bangkok Charter. Conference Background paper presented in 'Sixth Global Conference on health promotion', Bangkok, Thailand, 7-11th August, 2005.

WHO. (African Region; Nigeria). (2011). Health promotion: Issues and challenges viewed 18 August 2011. <http://www.who.int/countries/nga/areas/health-promotion/en/index.html>.

Received for Publication: 02/01/2012

Accepted for Publication: 03/03/2012

Corresponding author

Samson-Akpan, P.E.

Department of Nursing Science, University of Calabar, Nigeria

Email: Patedoho2005 @yahoo.com